

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/520 125 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
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5	2					
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TOTAL IND.	/	↓		↓		↓
TOTAL DEP.	17	←	←	←	←	←
TOTAL CLAIMS	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]